

ASS. REC. BY:

REP

CS/INC19002570/Rlv d3er

Special Instruction

Surveyor

Rasul

ASSIGNMENT (Office)

From (Person)

Dante Koh

of

INC

Date/Time

12/2/19 @ 10:11am

Estimated Cost

Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

SMA 7409A

Insured:

SLU 7485K

at Workshop m/s

Hua Hong

Tel:

66619688

of

25D Sungai Kadut Street 1

Policy No:

Claim No:

MT-1021408-002

Sum Insured

Excess:

Make of Veh:

(Client's Record)

D.O.A.

24/11/2018

CA / REV / REP. / REV 24 HRS

cupp

H.O.D. Endorsement:

Date/Time:

11:35am @ 12/2/19

Person Contacted:

Jorleen

Vehicle

IN

OUT

Date/Time

Action/Instruction (✓)

Estimate

SMA 7409A - X

SLU 7485K - X

20/2/19

Rasul said part prices - OK

25/2/19

@ 10:57am LS \$950 confirmed with Ashley (Red 504.40, 359m)

John

INC

0309M

Form: 12/2/19

Estimated Cost: SMA 7409A

OD: TP/DWS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: SMA 7409A

at Workshop no/s: Hua Hong

of: 25D Sungai Kadut Street 1

Insured: Before 2pm

Policy No:

Claim No:

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
-----	-----

Bal. or Market Value:

IDAC Accident Rpt. Consistent? : Yes or No

GIA / PR Seen Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lump Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Date / Time Action / Instruction

Veh No: SMA 7409A

Type: C / M Car / M Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: TOYOTA C-HR HYBRID 1.8S c.c. 1757

Colour: YELLOW A/C: Insured / Std / NI / NA

Sp Reading: 63959 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: 24X102117149

Gen. Cond: Good / Fair / Poor / Burnt

Steering: 8 / Jammed / Leaked / Burnt or

Brake: 8 / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/60R17

R:

B3 / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front	Rear
R/Bal: <u>6</u> mm	R/Bal: <u>6</u> mm
L/Bal: <u>6</u> mm	L/Bal: <u>6</u> mm
D.O.A. <u>24/1/18</u>	D.O.I. <u>12/02/19 @ 0158PM</u>

Survey held at: Hua Hong

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

N/S FRT

The U/C / Chassis frame / Body Structure affected due to collision.

RECEIVED 25 FEB 2019

Date/Time: File Pass to? ☐ : Preli. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

) S + RS \$

) Policy

) Other

)

PRM

Add Fee: ☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech. Insp (\$)

☐ Weekend (\$)

Report Format:

Lump Sum / LB: \$

TP
950/-

250

250

25/- typist

Nivitha (LKK Auto)

From: Daniel Koh <daniel.koh@income.com.sg>
Sent: Tuesday, 12 February 2019 10:11 AM
To: 'assignments@lkkauto.com'
Cc: Teng Ken Leong; Thio Tse Kiat
Subject: FW: TP CASES FARMED OUT TO LKK ON 12/2/2019

Dear Veron / Catherine,

Please assist to survey the vehicles as per Mr Toh's instruction :-

S/NO	THIRD PARTY	OUR INSURED	WORKSHOP / CONTACT	DOA / REF / OFFICER	TIMING
1	SLH1636A	SJK3446B	VERMOGEN ACE / Pila 63583031	11-2-2019 / MT-1031440-001 / Muhammad Airwan	
2	EV6460R	XE783M	VOLKSWAGEN CENTRE / Edmund Goh 63057299	2-2-2019 / MT-1030828-001 / Helena Tan	10:00-12:00
3	SLU8379C	SJN6151R	CAR CRAFTERS / Jie Ren 94316186	25-1-2019 / MT-1029788-002 / Charlotte Chew	
4	SFS41K	SLF646M	C & C AUTOMOTIVE / Tay Jian Ye 81680997	25-1-2019 / MT-1029518-002 / Rajeswary	11:00-16:00
5	SMC5034A	SKW5684S	C & C FRANCE / Edwin Caina 91819978	7-12-2018 / MT-1023039-002 / Serene Lim	

6	SMA7409A	SLU7485K	HUA HONG PTE LTD / Jerleen 66619688	24-11-2018 / MT-1021408- 002 / David Phua	10:00-12:00
7	YN1111L	SKJ824G	LEE KUAN HWA MOTOR / Siew Chen 62699192	1-2-2019 / MT-1030591-002 / Jeff Lin	
8	EA2318G	SHD2075E	TAN CHONG MOTOR / Lawrence Teo 64694091	23-1-2019 / MT-1029228-002 / Jared Liu	
9	SLM2790D	SHC6977G	WORLD AUTO / Ainee 63621776	4-2-2019 / MT-1031311-001 / David Phua	

Please contact workshops.

Please ack.

Thank You

Daniel Koh
Senior Admin Assistant, Motor Insurance
T +65 6430 7901
www.income.com.sg



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT	
Date Of Report	26/11/2018 16:02
Date Of Accident	24/11/2018 18:00
Exact Location Of Accident	ALONG DEMPSEY ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMA7409A
Insured/Policyholder	
Name Of Registered Owner	HUA HONG PTE LTD
Co Reg No	200900309M
Email Address	CLAIMS@HUAHONG.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-66619688
Vehicle Particulars	
Manufacturer	TOYOTA
Model	C-HR HYBRID 1.8S CVT
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5087272209-01
Cover Note Number	
Driver	
Name of Driver	SOH KEE WEE DAVID
NRIC No	S6921903I
Date Of Birth	25/06/1969
Occupation	OUTDOOR
Date Of Driving Pass	26/03/2012
Driving Experience	6 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84848453
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 467 SEGAR ROAD #02-194
Postcode	670467
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU7485K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIU YAN
NRIC/Passport Number	S8579693C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by Insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



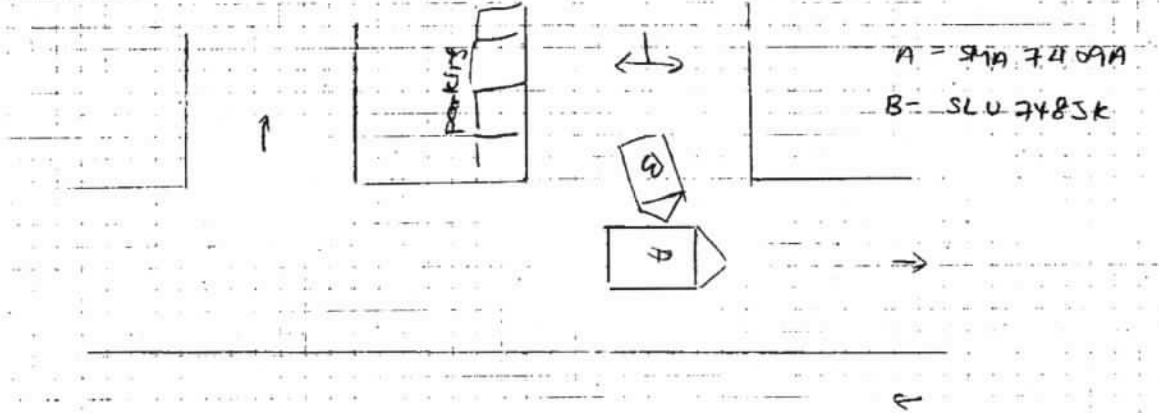
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time: 24/11/2018 1800

Accident Location: Dempsey rd

I was driving straight along the mentioned location.
Suddenly I felt an impact on my vehicle LH portion.
I noted vehicle B drove out from the carpark &
collided onto my vehicle LH portion.
I wish to state that I did see vehicle B approaching
before the stopline,
but he did not stop, thus this accident occurred.

☐ Reporting Only ☐ Own Damage ☒ Third Party ☐ Claim at other workshop (OD/TP)

DECLARATION

I/We declare the foregoing particulars are true in every respect.

*** IMPORTANT NOTE:**

IMPORTANT NOTE:
You had been advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Claim), there is a **FOURTEEN (14) days** clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.



Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:



HUA HONG PRIVATE LIMITED

25D Sungei Kadut Street 1 Singapore 729332
Tel: (65) 6661 9688 Fax: (65) 6661 9699 Email: info@huahong.com.sg

Estimate Repair List

4 December 2018

HHTPClaims18-133

NTUC Income Cooperative Ltd
73 Bras Basah Road #05-01
NTUC Trade Union House
Singapore 189556

Attn: Motor Claims Department

ACCIDENT INVOLVING SMA 7409 A & SLU 7485 K ON 24/11/2018 ALONG DEMPSEY ROAD AT ABOUT 1800 HOURS

Insured : HUA HONG PTE LTD
Vehicle Registration No : SMA 7409 A
Vehicle Make : TOYOTA
Vehicle Model : C-HR HYBRID 1.8S CVT
Vehicle Chassis No : ZYX102117149
Policy No : 5087272209-01
Date of Accident : 24/11/2018

Type of Claim: Third Party

S/N	Quantity	Description	Unit Price S\$	Amount S\$
1	1	Front Fender (LH) <i>BT</i>		\$ 733.00
2	1	Front Fender Arch Garnish (LH) <i>SCR</i>		\$ 150.00
3	10	Front Inner Shield Clip <i>an</i>	\$ 3.50	\$ 35.00
				\$ 918.00
				Less 20% <i>25%</i>
				\$ (183.60)
				\$ 734.40

To dismantle & refit front bumper, front LH headlamp, change front LH fender and LH arch garnish

\$ ~~400.00~~ 250

To perform wire checking

\$ 20.00 *Xm*

To spray front LH fender and front LH door

\$ 300.00 ✓

\$ 1,454.40

7% GST

\$ 101.81

Total

\$ 1,556.21



Authorised by Claims Dept
Mrs Tan @ 9639 9195

LKK Auto Consultants hence notify the Repairer of the following:
• To resurvey before/after spray painting
• To display damaged part(s) during resurvey
• Parts prices are subject to confirmation
• Third party survey is on a "Without Prejudice" basis
• No illegal modification(s) is allowed
• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Co. Reg. No. 200900309M

huahong.com.sg

GST Reg. No. 200900309M

Resul
14/12/19
Hp 900/0038
3 days
P/H L/S
12/02/19 e1k10
Resy 64 part

Veron Chen (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Friday, 22 February 2019 9:02 AM
To: 'Ashley Tan'
Cc: Rasul (LKKAUTO); SUR
Subject: RE: Finalisation for Vehicle No. SMA7409A

Dear Ashley,

Rasul said close at Lump Sum \$950/-, 3 days

Kindly confirm.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Ashley Tan <ashley@huahong.com.sg>
Sent: Wednesday, 20 February 2019 2:38 PM
To: Veron Chen (LKKAUTO) <veronchen@lkkauto.com>
Cc: Rasul (LKKAUTO) <Rasul@lkkauto.com>
Subject: RE: Finalisation for Vehicle No. SMA7409A

Dear Veron

Able to confirm LS \$990/-, 3 days?

Thanks & Regards

Ashley Tan



HUA HONG PRIVATE LIMITED
25D SUNGEI KADUT STREET 1 SINGAPORE 729332
T. 6661 9690 | M. 9816 4151 | F. 6661 9699
Follow us @ huahong.com.sg



From: Veron Chen (LKKAUTO) <veronchen@lkkauto.com>
Sent: Wednesday, 20 February 2019 11:42 AM
To: Ashley Tan <ashley@huahong.com.sg>

Cc: Rasul (LKKAUTO) <Rasul@lkkauto.com>

Subject: RE: Finalisation for Vehicle No. SMA7409A

Dear Ashley,

WITHOUT PREJUDICE

Offer Lump Sum \$950/- @ 3 working days.

Please check and confirm.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Ashley Tan <ashley@huahong.com.sg>

Sent: Tuesday, 19 February 2019 2:36 PM

To: Veron Chen (LKKAUTO) <veronchen@lkkauto.com>

Cc: Rasul (LKKAUTO) <Rasul@lkkauto.com>

Subject: Finalisation for Vehicle No. SMA7409A

Dear all

Please refer to files attached and confirm finalisation.

Thanks & Regards

Ashley Tan



HUA HONG PRIVATE LIMITED

25D SUNGEI KADUT STREET 1 SINGAPORE 729332

T. 6661 9690 | M. 9816 4151 | F. 6661 9699

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LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

DAMAGE ASSESSMENT REPORT

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: CS/INC19002570/R1vd3e2

73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 26-02-2019



ATTN : DAVID PHUA

Code: INC

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLU 7485K	Veh. Inspected	SMA 7409A
Policy No.		Coverage (\$)	0.00
Claim No.	MT-1021408-002	Excess (\$)	0.00
Assign From	DANIEL KOH	Assign Date	12/02/2019

2. Vehicle Particulars & Condition

Make & Model	TOYOTA C-HR HYBRID 1.8S	c.c	1797
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	ZYX102117149	Colour	YELLOW
Odometer	63959 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R17	BRIDGESTONE	6 mm
L/H Front Tyre	215/60 R17	BRIDGESTONE	6 mm
R/H Rear Tyre	215/60 R17	BRIDGESTONE	6 mm
L/H Rear Tyre	215/60 R17	BRIDGESTONE	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	24/11/2018	Inspect Date / Time	12/02/2019 (01:58 PM)
Survey held at	HUA HONG PTE LTD 25D SUNGEI KADUT STREET 1 SINGAPORE 729332		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMA 7409A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT FENDER (LH)	BENT	733.00	733.00
1	FRONT FENDER ARCH GARNISH (LH)	SCRATCHED	150.00	150.00
10	FRONT INNER SHIELD CLIP @\$3.50	NECESSARY	35.00	35.00
	LESS 20% DISCOUNT		-183.60	-
	LESS 25% DISCOUNT		-	-229.50
			734.40	688.50
	<u>LABOUR</u>			
	TO DISMANTLE & REFIT FRONT BUMPER, FRONT LH HEADLAMP, CHANGE FRONT LH FENDER AND LH ARCH GARNISH.		400.00	250.00
	TO PERFORM WIRE CHECKING.	NOT NECESSARY	20.00	-
	TO SPRAY FRONT LH FENDER AND FRONT LH DOOR.		300.00	300.00
			720.00	550.00
	GRAND TOTAL		1,454.40	1,238.50
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			950.00

Report Ref No. CS/INC19002570/R1vd3e2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.